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Original Communications.

THE RELATION OF RATIONAL MEDICINE
TO QUACKERY.*

By OSCAR C. DeWOLF, Northampton.

I THINK myself complimented, Mr. President, in having been selected to respond to this sentiment to young men. There was surely never a time more auspicious, nor a field richer in the conquests to be won, than this time and this country offer for the energy, the capacity, and the fidelity of young men. America is pressing forward in a race of prosperity and power unexampled, and replete as it is—filled to overflowing—with the strongest and the sharpest incentives to exertion, it holds up the great prizes of life with an impartial hand to the grasp of courage, of heroism, and of merit. America does not ask of her son, where were you born? or where were you educated? or who was your father, or who was your mother? but *what can you do*, and do well? And she demands one thing more, a faithful, legitimate, and conscientious use of the means and capacity he possesses, a faithful discharge of the social and professional duties devolving upon him, of religion, of love to his neighbor, and she says to him, do this, and do it well, and I will give you my choicest crown and my richest blessing, the declaration, and the *decoration*, of a worthy citizen and an honest man. There can be no stronger stimulus to honest effort, and there is no richer reward on this earth.

You have referred in this sentiment to

* At our request, Dr. DeWolf kindly allows us to use the remarks made by him at the dinner given by Dr. S. A. Fisk to the members of the Hampshire District Medical Society. They were given in response to the following toast:—

The Young Men of the Medical Profession.—Formerly the physician gained his experience by observation in his own limited sphere. Now, the method of instruction in our schools, in connection with our hospitals, is such, that the industrious student can commence the duties of his profession where the old physician used to leave off. We look to the young men, therefore, to keep the ranks well closed, for the advancement of medical science, and the extinction of quackery.

VOL. VIII.—No. 5

the confidence with which you look to the young professional men, to elevate the tone of professional standing and worth, and to combat quackery and irregularity within our borders. In this country, which permits the greatest freedom of action in all men, so long as they restrain themselves within lines drawn by the civil law, the effort to prohibit professional irregularities, is regarded as the attempt of a sect to monopolize rights, and here a grosser form of quackery in our profession is tolerated and accepted, than in any other civilized community on the face of the earth. The barber in this hotel—a very excellent barber, gentlemen—aspired two years since to a change of location and of labor. He rented an elegant suite of rooms in the city of Boston, announced himself as the distinguished Dr. —, and he has told me that the sick rolled up to his office, and the dollars into his pockets, in a very comforting and gratifying manner. You laugh at this recital, gentlemen, and you almost doubt it, though strictly true, yet every member of this society, practising his profession in this community, will bear me witness that I am within the strictest bounds of truth, when I tell you, that an assumption, in every sense as gross and as great as our barber's, that an ignorance which must grope in the same darkness, and with the same uncertainty as his, when investigating disease, finds its way to the bedside of the sick in some of the homes of Northampton every day. Quackery is as certain to take root and vegetate in any country or at any time where mind exists, as cancer is to occasionally affect the material tissues of the body. It is an unsound, dishonest exhibition of science, or of art, or of workmanship, but belongs to no country, to no people, to no profession exclusively; its elements lie in the human mind. This mind is so constructed in a certain proportion of mankind, that nothing is too gross for its reception. The Messiah had not as many followers as Mahomet in his day, while to-morrow, some anti-Christ, with a dirty beard, and a foreign tongue, may, between noon and dark, lead

[WHOLE No. 2270]

dozens of bewildered souls after his footsteps through the streets of every New England village. Is there no remedy for this? I think in our profession it may be modified, and the "pathies," and isms, and irregularities which in some form have hung upon our borders for a thousand years, and perhaps always will be found there, to a greater or less extent, may be driven into darker corners. It can only be done by a broader, sounder, and more liberal education and cultivation in the ranks of the regular profession. What do we imply by the term "regular profession of medicine"? Do we not mean, sir, that profession which refuses to recognize any man, or any body of men, as professional brothers, who adopt any exclusive idea, as a theory of disease, or as a method of cure. It announces itself as physician, simply; not Hydropathic, nor Thompsonian, nor Homœopathic. It says to the Hydropathist, "your exclusive treatment of disease by water alone is an absurdity," yet where is the physician treating acute disease, or the surgeon treating mechanical injuries that does not revel with cold water? The regular physician claims the ability to recognize the case in which it is applicable, the skill to use it judiciously, and it casts the absurdities of the theory away, and refuses to recognize its followers as of the true science of medicine. It says to the Homœopathist, "you are hugging one of the silliest medical delusions that ever bewildered the minds of men, with here and there a golden thread of truth running through it." The regular profession picks out these threads as belonging to itself, uses them every day, and casts the chaff behind it as folly, and delusion, and refuses to recognize its disciples as of the true science of medicine. It denounces patent medicine men, and men of patent appliances as unworthy the name of physician, which they assume. Do you conceive it possible, gentlemen, that the profession which gave to the world vaccination, chloroform, quinine, would recognize the right of any man to hold a patent of anything, or for anything, which could relieve the distress of the body or anxiety of mind of suffering men? This profession fills the laboratories of Germany, of England, and of America with as earnest, as faithful and as capable a body of men, as any other field, or form, of human experience can illustrate, who are putting the earth and its products, the sea and the air, under tribute for their mysteries. It takes hold upon every science collateral to medicine, and upon every science foreign to it,

for every fact which can beneficially aid it in its progress, or its work. It stands by the bed-side of the sick and the suffering throughout the civilized world, directing the battle of life against death, observing, collating, collecting, systematizing its experience, and scattering it broadcast and world-wide among its professional brethren; and this is the regular profession of medicine—old school of medicine? Yes, sir, old as the days when Hippocrates stood up in terror-stricken Athens to wrestle with the plague, and new, new as the latest-born fact of science, which can add strength and confidence to the labor "which blesses him that gives, and him that takes."

UTERINE HÆMORRHAGE.

By E. CHERRY, M.D., Boston.

DR. JAMES RUSH once made the remark that "exactitude of knowledge is the bright felicity of intellect." This saying is being appreciated in its spirit and, I am happy to believe, is being carried out in practical application in regular modern medicine. What was traditional is being sifted in reference to the facts which it may contain; and what was complex and uncertain is being brought into simple and definite ideas.

Once it was said that the patient has "inflammation of the bowels." Investigation showed that there are many organs and parts embraced in that locality, each of which may be the special seat of inflammatory action. Not long ago, "salt rheum" was a disease; but careful investigation has made out that it was a term applied to a variety of diseases, each of which has been shown to possess its own peculiar pathology and individual characteristics, so that the name "salt rheum" has been left floating in the air, without anything to light upon, and is now used only by other-day physicians, or by physicians who are only pretenders to knowledge. The same is true of "womb disease."

The term at the head of this article is not really that of a disease in itself. It is rather a symptom of disease in the locality of the uterus, which expresses itself by an unnatural flow at the monthly epochs, called *menorrhagia*, or by loss of blood during the intervals also, denominated *metrorrhagia*. But what is the pathological state lying back of the hæmorrhage? or, in other words, what is the causative condition out of which the bleeding springs in any given case?

That this question can be answered defi-

nately and satisfactorily in, at least, ninety-nine cases out of a hundred, I fully believe. Still, it may often be the duty of the physician to guess, as well as he can, at the nature of things, and prescribe accordingly. But if the trouble is not speedily cured by this problematical treatment, it will be his duty, both by his relation to his patient and the honor of his profession, to clear up the uncertainties and know where the nail is which he wishes to hit upon the head. And this can only be done by careful and oftentimes by persevering investigation.

The object, therefore, in the presentation of the brief cases which follow is to indicate something of the variety of the causative conditions, and to encourage the younger practitioner not to give up, but to push his inquiries until he shall be satisfied as to the real nature of the case he has in hand.

CASE I.—Miss W., æt. 17, American, residing in the country. She had had flowing almost continuously for several weeks, and had taken iron, tannin, &c. At my visit, she was lying flat in her bed, her lips, tongue and skin almost perfectly blanched. The case was so imminent that there was no time to be lost, and the bare possibility of some special fault with the womb made it necessary to examine that organ, but with entirely negative results. This, together with the fact that there was no febrile symptom, and that she had had epistaxis formerly, led me to believe that the case was one of purely passive hæmorrhage, arising from some constitutional state. The use of ergot and compound spirits lavender checked the hæmorrhage and a subsequent course of iron brought her up, and there was no more return of the unnatural flowing.

CASE II.—Miss T., æt. 16, American, and daughter of a clergyman, who was very limited in means, and having a large family, of which she was the eldest. Upon her fell much of the care of the younger children. She was never robust; but her mind was unusually active and mature. She menstruated at 13. For some time, she had found it difficult to be on her feet on account of weakness in her back and weight in the lower part of her body. She thinks the lifting of the children has been too much for her. When I was called to her, she was flowing too often and altogether too much, causing great prostration and disagreeable feeling about the head. On examination, the vagina, particularly the upper part of it, was very much relaxed, and the uterus, which was symmetrical and much lower down than it ought to have been, was at least two or three times the normal size.

The uterus was not tender, and, indeed, was without any of the usual signs of inflammation. The conclusion arrived at was that it was a case of engorgement combined with real hypertrophy, the result of too great muscular exercise by a delicate constitution. Rest in the recumbent position, the free use of ergot, continued for some time with the hope of diminishing the weight and bulk of the womb, and iron, soon brought about marked improvement.

But the following illustrates a form of frequent occurrence, taking place near the menopause:—

CASE III.—Mrs. R., æt. 46, stout, good constitution, and mother of a large family. She had flowed more than natural for several periods, and clots had been frequent. At the time when I saw her, she had flowed considerably, so that her system was suffering, and she was in considerable nervous excitement. Another physician had previously seen her and given iron and then tannin, with no relief to the hæmorrhage and a good deal of disturbance of the stomach. The uterus was in its normal position, its neck patulous, so as to admit the finger nearly to the upper os, and the whole organ was nearly double its normal size. There was no tenderness nor other sign of inflammation. It was without doubt a case of hypertrophy, due to engorgement from the waning nervous influence on the uterus at that period of life. Ergot and opium checked the flowing, and two or three applications of solid nitrate of silver to the cervical canal, to contract the mucous membrane and, if possible, to modify the nerve action in the part, resulted in a perfect cure, and she has enjoyed excellent health for the last nine or ten years.

CASE IV.—Mrs. R., 34 years old, tall, spare and, at the time, much emaciated by habitual loss of blood at the monthly periods. She was the mother of two children. When not flowing, she had much mucopurulent discharge. Examination of the womb showed it to be in its natural position, somewhat larger than usual, and the lips and cervical canal completely covered with granulations. The stick of nitrate of silver was brought into requisition, and iron and bitter tonics were given. The hæmorrhage and discharges were presently checked, and in a few months the patient was discharged cured, and has had usual health for fifteen years. The above case illustrates a great many, since they are of frequent occurrence.

CASE V.—Mrs. C., æt. 33, wife of a clergyman, of delicate constitution, and rather

below medium size. Has three children, and has not been as well since her first confinement as formerly. She was very much prostrated from repeated loss of blood, and her skin and tongue were quite white. The uterus was somewhat larger than normal, a little inclined back, the os patulous, and the posterior lip everted. The canal was in a state of granulation, and the central part of the neck posteriorly was much elevated and thrown forward, causing the eversion. It had much the appearance of having a fibroid tumor buried in the substance. It was, however, regarded as a local hypertrophy from inflammation, and by its weight it had doubtless caused the retroversion. Ergot, nitrate of silver, and general tonics were resorted to with partial success. But it was not till active measures were directed to the hypertrophy that the menorrhagia was fully controlled. The results of treatment confirmed the belief that the bleeding depended rather upon the inflammatory hypertrophy than upon the state of the cervical mucous membrane in this case.

CASE VI.—Mrs. B., æt. 28, stout, fleshy. Complained of lame back, and of having her "monthly spells nearly all the time lately." Two polypi were found hanging from the mucous membrane just within the os, and extending about an inch into the vagina. Their removal by twisting was all that her case demanded.

CASE VII.—Miss D., æt. 31. Had no pain nor leucorrhœa. Abdomen prominent, making her think she had "the dropsy." Countenance very exsanguine from loss of blood. Vagina and cervix natural, except that it was a little shorter than common. Hard globular tumor felt behind the bladder, and when moved from above carries uterus with it. Sound passed into the cavity turns backward and sweeps forward about the tumor so that the point can be felt above the umbilicus by the fingers of the left hand. It enters six inches. Diagnosis, fibrous tumor in the interior of the front wall of the womb, about six inches in diameter. Ergot was administered to check the flowing, and its use was continued with the hope that contraction of the womb might strangle the tumor and destroy its vitality. The menorrhagia was suppressed and the tumor has not grown any from that time, now seven years. The general health of the lady is good, and the tumor seems to cause no great inconvenience. The menorrhagia has never returned.

CASE VIII.—Miss A., æt. 40, spare, but

of naturally firm constitution. She had had a thin odorless discharge for a number of weeks, and latterly several sudden, severe attacks of flooding. Her physician, being unable to account for the hæmorrhage, asked me to see her in consultation. Upon examination, the uterus was found of natural size and position, and not inflamed. But just within the os there was a small, warty-like tumor, with a very delicate epithelial covering, which, with the watery and hæmorrhagic discharges, gave unmistakable evidence of cauliflower. She refused any operative interference, and died after a few months. The autopsy proved the diagnosis.

CASE IX.—Mrs. J., æt. 35, has been sick three years, and most of the time confined to the house. She has several children. Her first sickness originated from a sea-bath when she was having a monthly turn. Acute inflammation of the womb followed. After this was subdued, she was treated for ulceration of the cervix, which probably existed prior to the acute inflammation of the womb. After some months, her physician discharged her from farther applications to the cervix. She was still very weak, her nervous system greatly broken, and upon the whole she was a very unpromising case when she came into my hands. She was still suffering from cervical inflammation and from too great loss of blood at every period. The inflammation was taken in hand and thoroughly cured. Still she remained weak, losing at every monthly turn what she had gained during the interval. Believing that there must be a cause for the hæmorrhage higher up, I dilated the cervix with sponge tents and found two whitish, sessile tumors, about as large as the half of a marrowfat pea. They were cut off and the acid nitrate of mercury freely applied to their roots. One of these tumors was situated just on the upper os, a portion of it dipping into the uterine cavity, and the other close to it. There was no further trouble and the patient gradually regained her health.

CASE X.—Mrs. G., æt. 38, mother of three children. Has been ill for some years. Most of the time has had vaginitis, provoked by purulent discharge from the interior of the uterus. Has her turns a week earlier than she used to and flows considerably more than formerly. She often has clots, and her health shows that she is suffering from loss of blood. Nothing is found to account for the hæmorrhage below, and guided by the unnatural uterine discharge the neck is dilated, when several excrescences are found rising from the interior of the womb.

These are scraped away and strong tincture iodine is applied to the seat whence they sprung. Upon this, the hemorrhage and the purulent discharge have ceased, and the vaginitis remains cured.

CASE XI.—Mrs. R., about 40, mother of a large family, flows almost continually of late, is prostrate and complains of her back. The mouth of the uterus was very patulous, and at least a quarter or a third of the neck was eaten away by a clean-cut ulceration. The edges were sharp, the base clean, and the surrounding tissues were not infiltrated. The description of corroding ulcer by Dr. J. Clark, of England, and by others, seems to fit this case exactly, and there is nothing else described in any book I have seen which fits the case. I accordingly did not hesitate to call it a case of corroding ulcer. Nitrate of silver was thoroughly applied at first, and then one or two applications of acid nitrate of mercury. The flowing ceased, and the woman regained her health and has been alive these eight years. What was the case? If it was not corroding ulcer, I have no idea what it was. If it was a corroding ulcer, it recovered against the experience of other physicians. What was it? Many other cases, as cancer, tumors in contiguous parts, and specially the results of conception or miscarriage, might be added to show the almost endless variety of the causal conditions out of which uterine hemorrhage may spring. Let what I have given suffice to put the physician on his guard, and if his case does not recover speedily under empirical treatment, if, indeed, that is admissible at all, let him search thoroughly to know the exact nature of his case.

A NEW INSTRUMENT FOR CRANIOTOMY.

By G. W. GARLAND, M.D., Lawrence.

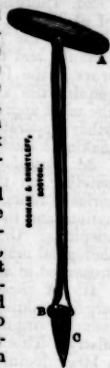
THE annexed engraving represents a perforator, which I have recently devised for use in craniotomy. The instrument has been made for me by Messrs. Codman & Shurtleff, of Boston.

The cutting part or blade of the instrument, c, is shaped like a tap-borer, with a strong lance-shaped point instead of a screw, with a broad shoulder, b. It cuts a round three-quarter inch hole, through which the brain can be reached and its attachments broken up by the end of the blunt hook, or by any small rod, and through which the brain, when reduced to a pulp (which for obvious reasons should always be done), finds a ready exit.

In all cases two perforations should be made, if possible, and as far apart as can be done, seeking the more solid parts and avoiding the fontanelle.

After the cranium is well emptied by the expulsive action of the womb or by the pressure of forceps, these round perforations will be found exceedingly convenient, affording a loop through which a finger or the blunt hook can be passed and aid rendered in expelling the fetus.

Physicians who have used other perforators, and have had to contend with lacerated integuments and naked, rough-edged bones, will at once appreciate this instrument. It can be introduced with great ease and safety to the mother by placing the index finger of either hand in the concavity of the blade, letting it extend a little beyond the point, so as to guard and guide it to the part selected for perforation. The handle, a, gives sufficient power for the proper use of the instrument.



MEDICAL EDUCATION IN LEIPZIG.

By G. E. HARTOR, M.D.

I SEND the following description of the Leipzig School, thinking it will interest the readers of the JOURNAL, at a time when medical education is receiving so much attention, both here and in America, and new life has been infused into the profession by Virchow, Von Graefe, Conheim, Donders, Beale, and other eminent men. The advances which have been made and the broad fields which have been thrown open for exploration render the fact apparent that the medical schools of the past are inadequate for the present study of medicine. In Leipzig this demand has caused the erection of large buildings and the more complete organization of the medical school, so that the student may be supplied with every convenience with which to pursue his studies. The facilities offered for study at this place are as follows:—

1st. A large building is used exclusively for the study of *Anatomy*, containing a lecture room, a dissecting room, a room for the professor, and a long room for the study of histology. The professor has one or two assistants, who prepare the objects be-

fore the class arrives. A lecture on the objects to be examined usually precedes their manipulation by the students.

2d. There is a large building for the study of *physiology*, containing a lecture room, a room for the professor, and one for his assistants and those graduates who wish to work in the laboratory. The experiments require the aid of apparatus, which is of the most approved pattern. Batteries and other apparatus are furnished to students making a study of this branch.

3d. *Pathology* finds its place in a long building, on the lower floor of which is a series of rooms used for *post-mortem* examinations and the reception of bodies from the hospitals. On the second story is the pathological museum, the preparations being preserved in alcohol in the usual manner.

4th. A *chemical laboratory*, one of the largest buildings of the series, contains one room for organic and one for inorganic chemistry. This building, like the others, has a large lecture room, where lectures are given two or three times a week. The student is furnished with all the apparatus necessary to pursue his laboratory studies. Pharmacy is also taught in a thorough manner at this school.

5th. *Midwifery* also receives more attention in this country than in America. Every student must have the sole charge of at least four cases of labor, and on these he must write a complete history before he can pass the State examination, which is required of all before they can practise in this country with all the privileges of a physician.

Clinical medicine, materia medica and therapeutics are also thoroughly studied in the Leipzig School. Small classes of five or six work to the best advantage in the pursuit of clinical study. At the recitations in clinical medicine the patient is brought before the class, where he is examined by one of the members. The student then makes his diagnosis, prognosis and treatment, on all of which points he is questioned and criticized.

The Leipzig Hospital offers to the student abundant means for the practical study of disease. It was commenced in the year 1868, and has been recently completed. A description, with a view of the Hospital, is given in the *Gartenlaube* (Leipzig), by Dr. Fürst, lecturer on the diseases of children in the Medical School. The Hospital is built on the pavilion system, and consists of a main building and sixteen barracks. Four of these are for smallpox patients and contain 60 beds each; two are divided into

small wards for contagious diseases; the remainder contain 24 beds each. The main building contains large and small wards, and small rooms for private patients. The entire hospital offers accommodations for 800 patients. Private rooms are furnished at 1 thaler 10 groschen, and 2 thalers each per day. The Hospital is cared for by deaconesses, or trained nurses, from Kaiserwerth. Beside the contagious diseases, venereal diseases and diseases of children occupy separate departments. Great attention is paid to the arrangements for light, heat, ventilation, water-closets, &c. The operating theatre has seats for but 150 students, although there are 400 connected with the school. Many of these have been engaged in the Franco-German war, and have recently returned to resume their studies.

The wards in the barracks each contain 24 beds. Each ward is separated from the corridor by two doors and an intervening vestibule, in order to avoid drafts. The wards are well lighted by windows by day and by gas at night. Beyond the ward is a small portico or verandah, which can be closed in unfavorable weather. The garden is laid out with walks, shade trees, fountains, &c.

Reports of Medical Societies.

THE ANNUAL MEETING OF THE MAINE MEDICAL ASSOCIATION. REPORTED BY F. E. HITCHCOCK, M.D., PORTLAND.

The Association was convened at the Common Council Rooms of the City Building, in Portland, Tuesday, June 13, 1870. The President, B. F. Buxton, M.D., of Warren, in the Chair.

The forenoon session was consumed in listening to the reports of committees, and other business of like character.

On reassembling in the afternoon, the address of the president was listened to. He made some important suggestions as to changes in the Constitution and By-Laws. He spoke at some length on the subject of vaccination, that it should be made compulsory, and that the Association should initiate a movement towards securing a full supply of vaccine matter throughout the State.

He insisted on the importance of adhering strictly to the code of ethics, that it was the chain to public respect and strong bond to fraternal union.

He discoursed at length on the Maine General Hospital.

In closing, he spoke feelingly of the members of the Association deceased during the past year, and particularly of the late Dr. Stockbridge, of Bath.

The address was referred to the usual committee.

Later, the following officers were elected for the ensuing year:—

Drs. A. J. Fuller, of Bath, *President*; E. A. Stone, of Deering, and H. Pushor, of Hartland, *Vice-Presidents*; S. H. Weeks, Portland, *Cor. Secretary*; T. A. Foster, Portland, *Treasurer*. *Committee on Publication*—Drs. C. O. Hunt, N. W. Greene, F. H. Gerriah, Portland; E. F. Sawyer, Bangor; T. H. Jewett, South Berwick. *Standing Committee*—Drs. S. C. Gordon, Portland; B. F. Sturgies, Auburn; R. R. Jones, Bangor; J. B. Walker, Thomaston; D. L. Samson, Fryeburg.

The following were elected members:—

Drs. G. D. Bibbes, Bath; C. E. Bonney, Cornish; Frank E. Hitchcock, Portland; B. F. Dunn, Windham; A. S. Marshall, New Gloucester; L. J. Crocker, N. A. Herson, Jas. Caldwell, N. J. Wedgewood, R. S. Harlow, Augusta.

Dr. Fuller read an obituary on the late Dr. Stockbridge, of Bath.

Dr. Foster, of Portland, delegate to the Massachusetts Medical Society, reported.

Dr. Libby, of Richmond, gave a biographical sketch of the late Dr. Chamberlain, of Richmond, Me.

Dr. Swazey reported a case of puerperal convulsions.

Dr. Day, of Alfred, reported three cases of pyæmia following abortion; also another case of pyæmia following scarlatina, and of hydrothorax a sequel of scarlatina.

Dr. Small, of Portland, submitted a paper on medicated inhalations. Referred to Committee on Publication.

Dr. Gordon, of Portland, read a paper on the causes of non-union of tendon in the upper extremities. Referred to the Committee on Publication. Discussion of this essay followed, participated in by Drs. Tewksbury, Brickett, Nourse, Weeks and Hill.

Dr. Weeks, of Portland, read a paper on the therapeutic action of chloral hydrate. Drs. Dana, Nourse and others, remarked upon this subject.

The evening session was consumed by Dr. Calvin Seavey, of Bangor, the orator. "The Physical and Moral World and their Phenomena" was his subject. It was eminently characteristic of the speaker and

abounded in good things. Referred to the usual committee.

On the second day, Dr. Sanger, of Bangor, presented the transactions of the New York Medical Association, with a letter from Dr. Hart, to whom the thanks of the Association were tendered.

Dr. French, of Portland, presented cases of metro-peritonitis and dermoid tumor.

Dr. Seavey presented the certificates of Drs. Haley and Parker, delegates from New Hampshire.

Dr. Laughton, of Bangor, exhibited a speculum of his devising, an improvement on Cuzco's.

Dr. Sanger read a paper on the radical treatment of malignant growths. Referred to the Committee on Publication.

Dr. Tewksbury, of Portland, presented a case of ankylosis of the knee-joint, with excurvature of the leg and inversion of the foot, total resection and recovery, in a boy aged 12 years, resulting from an injury. This was the eleventh case of excision of the knee-joint operated on by Dr. T. for disease and deformity; one, however, of these cases of ankylosis was relieved by drilling, after the method of Brainard, and adopted by Gross and others. Referred to Committee on Publication.

Dr. Hill, of Augusta, reported a case of popliteal aneurism, cured by direct pressure. Discussion of this interesting case followed, in which Drs. Garcelon, Whitmore and Brown took part.

Dr. Foster, of Portland, presented a paper on Psychology, which was referred.

Dr. Brickett, of Augusta, reported cases of Ovariectomy. Discussed by Drs. Seavey, Sawyer, Kimball and others.

In the afternoon, Dr. Sawyer, of Bangor, reported a very interesting case of inversion of the uterus, reduced after an interval of twenty-seven days.

Dr. Dana, of Portland, read a paper on defective drainage as a source of disease, discussing the relations of the subject to typhoid fever, phthisis, &c.; also the economy of utilizing sewage. This paper elicited general discussion, and, on motion of Dr. Wiggins, it was voted that a committee be raised to report on the subject of public hygiene at the next annual meeting. Drs. Dana, Wiggins and Sawyer were appointed.

Dr. Gilman, of Portland, Chairman of the Committee, read a report upon the Maine General Hospital, in which he gave a statement of the financial condition of the organization, of the tour of inspection of the

Committee to the various hospitals of the country, and in particular spoke of some of the new hospitals of New York city.

Drs. Tewksbury made a report on a case of vesico-vaginal lithotomy in a little girl 7 years old. The stone was the size of an English walnut, and was removed by incision in the vesico-vaginal septum one and one-fourth inches in length. It was immediately closed by six silver sutures, and the patient fully recovered in fifteen days. Dr. Tewksbury made some remarks on the history of the operation, and in closing said, "that after a careful search in medical literature this was, so far as he could discover, the first case of vesico-vaginal lithotomy in a girl of this age followed by immediate closure of the wound."

At 8, P.M., the Association assembled at Fluent's Hall, with their ladies, and listened to an illustrated lecture on Embryology by Prof. E. P. Morse, of Massachusetts. After the conclusion, all adjourned to the Falmouth Hotel and enjoyed the hospitality of the Portland physicians.

THIRD DAY.—The closing session was called to order on the third day by the President, at 9, A.M.

Dr. Weston, of Bangor, of the Committee on Necrology, reported that the following members of the Association have died during the year:—Drs. Wm. Kilbourne, Lewiston; M. N. Ludwig and Sam'l Rose, Thomaston; Calvin Blake, Hartland; Henry Irving Jordan, Portland; J. W. Houghton, Casco; D. W. Chamberlain, Richmond; H. D. Irish, Turner; B. Porter, Waterville; T. G. Stockbridge, Bath; A. F. Blount, Bangor.

Dr. Weston, Chairman of the Committee on Prevailing Diseases, presented reports from various Counties, which were referred.

Dr. Seavey, of Farmington, reported a case of rupture of an aneurism of the aorta, and presented the pathological specimen.

Some business proceedings then ensued. Prof. Cyrus F. Brackett, of Bowdoin College, was appointed orator for the next year.

The report of Dr. Gerrish, of Portland, on the Microscope in Medicine, was referred to the Committee on Publication.

The Association then listened with great interest to some words very fitly spoken by Dr. Dole, of Amherst, Mass., delegate from the Massachusetts Medical Society. After this the Association adjourned *sine die*.

Selected Papers.

PREGNANT SICKNESS.

By METCALFE JOHNSON, M.R.C.S.E., Lancaster, Eng

IN considering the effects of remedies upon the human body, the possibility of error in some form or another presents itself so frequently as to induce great hesitation to accept coincident results as necessary consequences. There are, however, some drugs, such as opium, whose effect in sleep is seldom doubted. The point to which I desire to direct attention is one which is beset with difficulties. My object now in writing is to invite consideration for the phosphate of lime as a means of relieving the sickness consequent on the pregnant condition. But when we consider the double relation of mind and body, through the ganglionic nerves and the disturbed state of their functions, in all cases in which the control of the ganglionic nerves, or the great sympathetic, is interfered with by an abnormal condition of organ or organs under its especial rule, we shall see that it requires especial watchfulness to be sure that we do not mistake a "post hoc" for a "propter hoc" in those instances where relief of symptoms has followed the exhibition of the remedy. Before proceeding to remark on the theory of *modus operandi*, &c., the simple use of the drug may be described. For some years past I have been in the habit of prescribing the simple hydrated phosphate of lime of the Pharmacopœia in doses of from three to ten grains each, three times a day, suspended in water, and flavored according to the taste of the patient. I have tried the remedy dissolved in hydrochloric acid, as also the powder in the dry state, besides having had it made up into biscuits; but in none of these forms have the same agreeable results followed so frequently as when the simple hydrated phosphate has been used suspended in water.

One remark may here be made respecting disorders of the great sympathetic and its subjected organs, that they are generally characterized by a dislike of all sweet flavors. This has been noticed in the case of persons whose ganglionic system is disordered through the stomach by the abuse of alcohol; for I think it is Coleridge who says there is always hope for a man so long as he is fond of his pudding. But in those other forms of female ganglionism which, for want of a proper diagnosis, we desig-

nate under the generic term hysteria (though in many cases the uterus has nothing to do with it), the taste not only has an aversion to sweet things, but has, apparently, a depraved tolerance of the flavor of fetid preparations and the alkalies, together with an ability to receive the stimulus of both alcohol and the carminatives, such as lavender, ammonia, cardamoms, &c., with advantage. The relation of this sympathetic nerve to certain conditions of the circulation is a subject worthy of more attention than it has at present received; more especially since the *Saturday Review* has, with a one-sided view of the matter, taken up such a raid against "alcoholism."

With these complex considerations we approach the subject of pregnant sickness or vomiting. Here we have, of course, an enlarged uterus, which physically bears a relation to the various organs of the body, such as the stomach, large and small intestines, liver, gall-bladder, kidneys, &c., different from that in health, pressing upon each, and producing a state of things with reference to each organ which, if brought about by traumatic means, would in any case bring on nausea and vomiting. But, in addition to this, the very relation to the nerve is altered, and in many cases this great change is attended with not only bodily suffering but temporary mental aberration. I have not unfrequently seen temporary insanity of a few hours' duration attend both the act of conception and the act of quickening. Everyone is of course familiar with the puerperal insanity as well as the frequent insanity which is associated more or less directly with ovarian or uterine disease.

A short time since, Mrs. A. B., aged 24, second pregnancy, during the last month has had violent spasms all over the body, with strabismus. Mouth and hands clenched. Says she has pain all through the womb. Has great sensibility in the nipples and the breast. Bowels generally confined. Has had bleeding at the nose for the last few days. Her mother is a very excitable, clever woman, and one other close relative a somnambulist. The spasm was relieved by subcutaneous injection of morphia. I emptied the bowels by an aloetic enema, and gave her the phosphate of lime, which she took for three weeks, after which she was delivered of a very small child, the parietal bones of whose head consisted simply of two centres of ossification. Since her confinement she has been well. The spasm never returned after using the phosphates. I have often had this proof of the efficacy

VOL. VIII.—No. 5A

of the phosphates in arresting the sickness: that patients have been sent to me for "some of that medicine that relieves the sickness."

I had a patient a few weeks ago, who had been complaining for some weeks of an irresistible vomiting after every meal, who no sooner took the phosphates than all sickness ceased. This of course might be the effect of expecting to be relieved; but the cases have occurred too frequently for me to think other than that relief has been most frequently the result of the use of the phosphates. As such, I trust that some of your readers will be induced to give the remedy a trial, for which I now proceed to give a physiological reason or *ratio medendi*.

As we have seen, the altered shape of the uterus, the altered nerve relations, the control of the ganglionic nerve to supply the new arterial system to be established, make a demand upon nervous influence which is very unusual. Nervous power cannot be expended without harm, unless the supply of new neuric elements makes up the deficiency. Neuric force derives much of its nutrition and source from phosphates. Moreover, the child in its formation requires more phosphates for its new bones, and if these are supplied at the expense of brain and ganglionic nerve, it follows, as a matter of course, that debility, nervousness, and all the concurrent train of symptoms must inevitably be brought about; and hence arise those feelings of depression, peevishness and irritability so frequently associated with the pregnant state. Nor is it to be wondered at, if we consider that we take no steps to supply the new demand made upon the blood.

This view of the case is again supported by pathological evidence, when we see how that fractures in pregnant females are more frequently liable to non-union. These considerations induce me to believe that the remedy is really the cause of the relief so constantly expressed by the patient after its use for a few days. I have also for some years been in the habit of using this form of phosphates for the relief of rickety children with great success, which further confirms me in the belief that phosphates administered through the stomach do become used by the blood. I have used for children the saccharated wheat phosphates supplied by the druggists, but in the case of pregnant females I have not found those so useful, and chiefly, I suspect, owing to the sugar which they contain.—*Med. Times and Gazette*.

FRACTURE OF SURGICAL NECK OF HUMERUS.

By J. W. GROSVENOR, M.D., Lockport, N. Y.

R. P., a girl, aged 12 years, on Oct. 22, 1869, fell from a tree, a distance of ten or twelve feet, striking on her right shoulder. Examination disclosed an oblique fracture of surgical neck of right humerus, the direction of the fracture being downward and backward. The upper end of the lower fragment, sharp and prominent, could be easily detected above the coracoid process. The lower fragment was reduced to its normal position by a moderate force of extension. Extension being removed, it slid back towards, though not so far as, its former position.

Dressings consisted of a roller bandage, pasteboard splint, and sling for the forearm. The splint was wide enough to surround the arm, and the upper end was hollowed out sufficiently to make two long horns. It was placed under the arm, pressed up firmly into the axilla, and the two horns made to cross each other over the shoulder and press upon the upper end of the lower fragment. The splint was kept in position by a roller bandage, which passed also around the body. At the end of one week dressings were removed. The upper end of the lower fragment was found quite prominent. The fragments being re-adjusted, a Welch's wooden shoulder splint was substituted for the extemporized pasteboard one. At the end of the second week the prominence of the upper end of the lower fragment continued. The lower fragment, when drawn down into its normal position, would slide upward into its former situation. A weight was then attached to the lower fragment by means of adhesive plaster and a cord passing over a pulley, according to Buck's method for fractured femur. Ordered the patient to be kept constantly in bed. At the end of the third week union had occurred, with a prominence of upper end of lower fragment. Contrary to orders, the patient had been allowed to leave her bed every day during the third week. On the thirtieth day after the accident movements of the arm were nearly normal, and the same prominence heretofore mentioned continued. Five weeks after the accident measurement showed a shortening of one-half an inch. The patient at that time had almost complete control over all normal movements of the arm.

After reflecting upon the treatment of this case, I caused to be made a straight wooden splint, to be used in similar cases

at a future time. The upper end was hollowed out and padded to fit the axilla; the lower end, extending below the elbow, was furnished with a screw, for the purpose of lengthening and shortening the splint at pleasure. The objects of the splint thus constructed were to produce extension and counter-extension, the former at the lower end of the splint, the latter at the axilla.

After hearing objections to my splint from some medical friends, I concluded that any splint which depended upon the axilla, as a point at which to make counter-extension, would defeat the object for which the counter-extension would be made. This results from the relation which the point of fracture bears to the points of attachment of a few muscles in its immediate vicinity. Three muscles—pectoralis major, latissimus dorsi and teres major—are inserted into the bicipital groove immediately below this fracture; hence, any force in the axilla pressing these muscles upward will also carry upward the lower fragment to which they are attached; whereas the upper fragment, not the lower one, should be carried upward.

I can think of no apparatus so well adapted to draw the fractured surfaces into normal apposition, and retain them there, as the weight and pulley recommended by Dr. Buck for fractures of the thigh. The weight attached to the lower fragment, and passing over a pulley at the foot of the bed, would act as an extending force; for counter-extension acting on the upper fragment, strong and wide strips of adhesive plaster could be applied to the back and chest, and then fastened to some firm support at the head of the bed. Of course it would be absolutely necessary for the patient to remain constantly confined to the bed. A disobedience of advice in this regard on the part of my patient rendered this treatment futile in her case.

I have never seen this method of treatment proposed for difficult cases of fracture of the surgical neck of the humerus, but, should another case as obstinate as the one detailed above occur in my practice, I should not hesitate to use this method, although unsanctioned by authority.—*Med. Record.*

DURING the short period of twenty-three years since the organization of the New York Academy of Medicine, out of a membership of 580, of various ages, 143 have been removed by death (a proportion of more than one fourth), certainly a very large mortality.—*Ibid.*

Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 3, 1871.

SEVENTH REPORT OF THE TRUSTEES OF THE CITY HOSPITAL, BOSTON.

We once more find before us the report of the Boston City Hospital, for the year ending April 30th. During the year preceding that date there were treated in the hospital 2396 patients, with a daily average of 178½. Beside the patients who received medical and surgical care as internes, 8899 cases were treated as out-patients.

The rate of mortality was 9 per cent. In the number of deaths, many were caused by accidents or acute disease, the patients not being transferred to the hospital until they were beyond the reach of medical aid, and dying soon after entering. This year 56 deaths occurred within 48 hours after admission.

The experience of the past, as of the preceding year, brings more forcibly to the minds of the trustees that the actual and prospective growth of the city is such as to demand increased hospital accommodation. We make an extract from the report of the medical staff which embodies the opinions entertained by them, and the same views are repeated by the trustees themselves.

In making their annual report, the medical staff invite the attention of the trustees to the pressing need, becoming every day more urgent, of enlarged and improved accommodations, to increase the efficiency of the hospital, to enable it to receive all who have a just claim to its benefits, and to render it worthy of the position it holds, at the head of our city charities.

The great addition to the population of Boston since the hospital was established, together with the annexation of large and populous districts, have rendered the present buildings wholly insufficient for the purposes they were intended to fulfil; and the staff find their efforts crippled in every direction, by the want of sufficient space and proper facilities. It has been necessary to have more beds in the large wards than accords with the welfare of the patients, and the rooms in the basement, unsuitable for the successful treatment of eye and other critical diseases, have been occupied

for these cases, for want of other accommodations. No provision, whatever, is made for lying-in women, and cases occur where deserving persons are forced, at this critical period, to seek refuge where they can have but incompetent assistance, instead of being properly sheltered and cared for in their hour of need.

The amphitheatre for operations is not only too small and destitute of all conveniences, but is at almost the farthest distance from the surgical wards, so that patients must undergo a long, painful and even dangerous transportation before they can be placed in their beds; thus seriously compromising the results of operations.

The accident room also affords but insufficient facilities.

The ill effects of over-crowding, alluded to in our last report, continue to be felt in the pavilion for contagious diseases.

The staff also ask leave to suggest, as in their judgment a most important sanitary and economical measure, the establishment of a convalescent department, for the reception of such patients as no longer require active medical treatment, though they are not sufficiently well to return to their homes.

Such an appeal as this, from gentlemen who are willing to give their time and skill for the benefit of the city poor, ought not to go unheeded; it will, perhaps, be considered a more cogent argument that 268 applications for admission have been refused, simply for want of room. The want of lying-in wards has long been felt; we trust that their establishment will not be long delayed.

During the past year, the first series of medical and surgical reports, embracing a large number of very interesting cases, has been published, and has been widely distributed. The highly gratifying references to it in the many acknowledgments to the trustees from scientific men both at home and abroad, render it certain that it is recognized very generally as a valuable addition to the science of medicine and surgery.

Detailed reports of the various departments, medical and surgical, medical and surgical out-patients, the eye, ear and cutaneous clinics follow, with the usual valuable and interesting tables—all of which show a large amount of earnest charitable and professional work.

We have but one adverse criticism to make on the report, the same, in fact, which

we made a year ago. The errors in spelling show that the proof-reading is done by a non-professional person—an act for which the members of the medical staff probably are not responsible. If the report is to be looked on as a medical work, the orthography in the classification of diseases is an absolute disgrace; if a non-professional production, it is, of course, susceptible of the same mistakes as other literary works. Without making a careful examination, we find more than twenty errors in spelling in one department.

DEGREES IN ABSENTIA.—We have, at sundry times, spoken in plain terms of the dishonesty of men and of so-called universities who seek to impose on the unwary and cater to the frailties of would-be doctors by the manufacture and sale of bogus diplomas. Our Editorial remarks were originally suggested by the appearance in the London *Lancet* of queries made by a subscriber—and which the Editor of that Journal did not see fit to answer—implying that degrees could be obtained for pay from respectable American universities.

What shall be said of British integrity when an equally respectable London journal keeps in its pages the following standing advertisement?—

“Degrees (M.A., Ph.D., &c.) in absentia or presentia.—Qualified gentlemen desirous of proceeding to Degrees in Arts, Law, Theology, Medicine, &c., receive official instruction and advice by writing to M. A., 145 Packington Street, London, N. (See Directory.) N. B. These Degrees and Diplomas are guaranteed *bona fide*. Only the applications of authors and other decidedly qualified candidates will be replied to.”

Is the standard of honesty in America so far from that of England that we call that dishonest and disreputable which they consider right? Can the cunning sophistry of the above advertisement conceal the fact that such diplomas bear with them no honor, but are a sham and are disposed to impose on the public? that it is not merit, but means; not actual intellectual, scientific or professional worth which brings an honorary degree, but the ability to pay for it—not the man, but the money.

GEORGE C. BLACKMAN, M.D., died at his residence, near Cincinnati, July 19, aged 52 years.

Contending with many disadvantages, he commenced the study of medicine at the age of 16, while teaching school in New Jersey, having obtained a fair classical education from the father of Dr. Hewitt, now a prominent surgeon of New York city. Five years subsequently, he graduated at the College of Physicians and Surgeons. The privations and close application to which he subjected himself compromised his health to such an extent that his friends induced him to accept a position as surgeon on a Liverpool packet ship. After several voyages, he made his way to London, where his merit alone secured for him the friendship and aid of the most distinguished surgeons of England; lodged in an humble chamber over a grocer, with scant fare, often saving the expense of a fire by retreating to bed in cold weather, the student furnished such evidences of his genius that before he left the metropolis he was honored by membership of the Medico-Chirurgical Society.

On his return to America, he contributed largely to the literature of medicine, translated Vidal de Cassis, and in reviews of many surgical works displayed wonderful research and appreciation.

In 1854 he accepted the chair of Surgery in the Medical College of Ohio, a position he held at the time of his death. His lectures were brilliant and without apparent effort; frequently a score of references to book, chapter and page were made, and often the matter introduced, from memory, with singular precision. In operative surgery he had few equals; among the more formidable of his successful undertakings may be mentioned enucleation of the parotid gland, removal of the thyroid and extirpation of Meckel's ganglion.

Of an impulsive nature, he often had occasion to regret a hasty action; he forgot his animosities readily. Improvident, he left but little, after a busy life, besides a name bearing honor. * *

MISCARRIAGE; LABOR SUPPOSED TO HAVE BEEN HASTENED BY QUININE.—At a meeting of the New York Pathological Society, Dr. Salvatore Caro exhibited a fetus of about 4 months, from a woman 42 years of age. The woman was married at the age of 28, had a child the next year, a miscarriage the year following, and a second child the ensuing year. Eleven years then followed

without conception. Last February, she again became pregnant, and consulted Dr. Caro, who, although the usual signs of pregnancy were presented, hesitated to make a positive diagnosis, in consequence of profuse menstruation, which occurred every three weeks. In April, the signs of pregnancy were well marked. At the beginning of May, there was such profuse hæmorrhage that Dr. Caro ordered fluid extract of ergot in 15-drop doses, every second hour. Early in the month of June, the bleeding was so excessive as to have caused blanching and prostration. Ergot having failed to induce labor, Dr. Caro ordered drachm doses of fluid extract of cinchona every third hour, relying on the experience of Dr. Monteverdi, of Cremona, Italy, who had stated that in several instances he had succeeded in accelerating labor by the administration of quinine. (See *Journal de Médecine*, March, 1871, quoted in the *Practitioner*, June, 1871.) Labor commenced after the third dose had been taken. The specimen exhibited fatty degeneration of the placenta, with morbid adhesions of the membranes.

A discussion followed on the ecboic properties of quinine. Dr. C. C. Lee had often prescribed quinine during pregnancy, without producing miscarriage. Dr. Caro said that Dr. Sayre had seen it excite uterine action. Dr. F. D. Lente stated that he had employed it, at Dr. Sayre's suggestion, in a case in which gestation was supposed to have been protracted beyond term; but that it had failed to have the desired effect. Dr. Caro had used it successfully in cases of tedious labor, in five or six grain doses, every half hour, after the failure of ergot. In the case furnishing the specimen, there had been, preceding the hæmorrhage, a periodical discharge of liquor amni every third week, and the fœtus presented a cramped appearance, as if from pressure. There was no discharge of amniotic fluid at the time of labor. Dr. Lente said that, in the case to which he had referred, there had been a similar periodical discharge, with none at the time of labor. The child was born in a state of pallid asphyxia, was resuscitated in the course of an hour, but died at the end of six hours. The placenta appeared compressed and flabby. Dr. Loomis had given 10 grains of quinine daily during the latter four months of gestation, in a case complicated with phthisis, without inducing uterine action. Dr. Newman had seen the statements of Dr. Sayre, and of a practitioner in one of the western States, and was positive that they had not

claimed that quinine would cause miscarriage, but only that it would accelerate labor in cases in which ergot had failed. Dr. Rogers thought that the occurrence of miscarriage from the action of quinine must be quite exceptional.—*Med. Gaz.*

TUMOR OF BRAIN WITHOUT SYMPTOMS.—DEATH OF NEW-BORN INFANTS.—An interesting case of tumor of the brain was reported at a recent meeting of the New York Pathological Society. Dr. Jacobi presented the specimens on behalf of Dr. Rodenstein, of Fordham, which were removed from the body of a boy, aged 9 years, who had died suddenly. It was stated that the boy had been quite well up to the evening before his death. He was then taken ill, and wanted to go to bed. He complained simply of a chill, which, after he was put to bed, relapsed into chilliness. He wished to be taken to the bed of his brother to get warm, and in the morning was found dead. The attending physician, on inquiry, was able to ascertain that at times the patient suffered from what was considered fainting spells, but which might have been chills, or might have been convulsive attacks. This was all that could be learned of his previous history.

At the autopsy, when the abdominal cavity was opened, Dr. Rodenstein found very strong attachments between a number of intestinal convolutions, between them and the liver, and between the liver and the diaphragm. He also discovered a number of tumors between the diaphragm and liver, which proved, as did others of a similar nature around the renal artery, to be transformed glands. The right kidney, which was the only one found, was disproportionately large and was much congested. Imbedded in the kidney tissue were numerous hard and discolored masses, mostly confined to the tubular substance, the larger ones being softened in their interiors. These softened portions were made up of broken-down material and pus; the harder portions were composed mostly of fibrous tissue, with a few spindle-shaped cells. Pressing upon the pons Varolii and the medulla oblongata was a tumor of similar formation to those already described. Dr. Jacobi was inclined to the opinion, from the situation of the growths, their general character, &c., that they were syphilomata. One point of interest was the existence of the tumor of the brain for an apparently long time without symptoms.

At the same meeting, Dr. Loomis pre-

sented the heart and lungs of a well-formed, fully developed child that died fifty-seven hours after birth. For thirty-six hours after its birth nothing abnormal could be detected. The mother who bore it had a perfectly easy and natural labor, lasting about six hours. During the second night of its life the mother noticed that the infant began to moan, that its respiration had changed, becoming short and spasmodic. The second morning, when Dr. L. saw the patient, its color was deeply tinged with yellow, there was a good deal of capillary congestion of the extremities, and a slight duskeness of the lips. The respiration was moaning and spasmodic. Whenever the position of the child was changed it would cry out as if in pain.

After birth, Dr. Loomis examined the lungs, heart and abdomen of the child, during the first day, and found nothing abnormal. This examination was repeated by Dr. Metcalfe, with the same result. During the first twenty-four hours it vomited occasionally, and once or twice there was a darkish color in the matter vomited, resembling somewhat the change which blood undergoes after being in the stomach.

The parents of this child were fine specimens of health. The father is about 33, the mother 28. They have no hereditary taints, and both belong to a long-lived and very robust race. They have been married five years. During the first two years of her life the mother of the child had three miscarriages, each at three months. Two years ago she gave birth to a full-term and apparently healthy child. Twenty-four hours after the birth of this child it began to vomit blood in large quantities, and continued to do so for six hours, when it died. Blood also passed per anum. Eight months after the birth of this second child, the mother miscarried again at three months. During the time she was carrying the child from which the specimen was taken she had more than the usual amount of nausea and vomiting. So severe was this latter symptom, that during the last month she was compelled to remain in a recumbent posture. The father denies ever having had syphilis. The mother has no organic disease. Her urine had been examined repeatedly, but no albumen nor change in specific gravity had been found.

The autopsy was made fifteen hours after death. On opening the chest, the right pleural cavity was filled with six ounces of coagulated blood. Both lungs were seats of extensive pulmonary apoplexy. The hæmorrhage was interlobular. These hæ-

morrhages occupied more or less of both lungs; and along the edges of the hæmorrhages, and in the region of them, were found points of vascular emboli, and there were, besides, numerous subpleural air sacculi. On the under surface of the middle lobe of the right lung was the opening in the pleura through which the hæmorrhage occurred. A little distance from this was to be seen a large cavity. The heart was perfectly normal, as were all the other organs save the lungs.

In conclusion, Dr. Loomis remarked that the case was a very rare one to him, he never having seen the like before. In hunting up the English literature of the subject he had succeeded in finding but one similar case, which was related by Walsh.

Dr. Jacobi, after relating a similar case, remarked that in children who died within three or four days after birth, it was common to find punctate ecchymoses in the pleura and peritoneum, and especially that covering the liver. These were unconnected with the causes of death, and were believed to be the results of sudden change in the circulation caused by the tying of the cord. But in the large hæmorrhages, such as occurred in pulmonary and cerebral apoplexies, he believed that the cause was to be sought in a fatty degeneration of the bloodvessels of the part. This fatty degeneration had its origin, in turn, in an endometritis in the mother.—*Med. Record.*

ON THE USE OF THEINE AS A THERAPEUTIC AGENT. By LEWIS THOMPSON, M.R.C.S.—I would wish, through your columns, to direct the attention of the medical profession to the use of a valuable agent which has hitherto escaped notice, although its powers are most unquestionable, and its cost price very trivial. The article to which I allude is theine, a substance existing in tea and coffee, and, as I believe, in many other vegetable products. As a medicine, theine is powerfully tonic and stimulant, and appears to possess the tonic virtues of the sulphate of quinia united to the stimulating power of wine, but with this difference, that the stimulus from theine is not followed by any depression, as in the cases of wine and alcohol.

Theine seems to act chiefly on the great sympathetic or ganglionic system of nerves, and but slightly on the brain. I have used it in doses of from one to five grains, with very marked advantage in the low stage of typhoid fevers, confluent smallpox, and that form of mortification of the toes which

is so singularly fatal to old people. But, in addition to this, different medical friends of mine have found it useful in hemicrania, neuralgia, and what has been called relapsing fever; and in the case of an overdose of opium, it appeared to relieve the narcotic symptoms speedily. With regard to the cost of this medicine, I have discovered that in the ordinary process of roasting coffee the whole of the theine is driven off before the torrifaction of the coffee is completed, and this theine may be cheaply collected by making the axis of the coffee-roaster tubular. If, instead of a solid axis, we employ at one end of the roaster a tube passing away to the distance of about three feet, the theine is condensed in this tube by the refrigerating power of the atmosphere, and may afterwards be easily dissolved out by a little water, and purified in the manner about to be indicated. As the result of much experience, I have obtained, on an average, seventy-five grains of theine from the roasting of one pound of raw coffee; and when we reflect that in Great Britain alone there are more than 13,000 tons of coffee roasted annually, we see that about 140 tons of theine are wasted and lost every year by sheer ignorance. It may, perhaps, be thought that the saving of the theine will damage the flavor of the coffee, but from experience I know that it has no such effect; and, in point of fact, it is an advantage to the flavor of the coffee to make both the axes of the roaster tubular, and to cause a gentle current of air to pass through the apparatus during the roasting of the coffee, so as to expel the empyreumatic products as they are formed. I will now relate the fact upon which the purification of theine depends; and when this is once clearly understood, the manufacture of theine from either tea or coffee becomes an extremely simple matter. Theine is absolutely insoluble in a concentrated solution of the carbonate of potash, and thus we may precipitate it from its admixture with sugar, mucilage, and vegetable extract. If, then, by means of the subacetate of lead, we have removed from a vegetable infusion the tannin, malic acid, &c., we have only to evaporate the filtered solution to a small bulk, and add to it its own weight of dry carbonate of potash, and the whole of the theine becomes at once insoluble; so that, having collected this insoluble product, and boiled it in rectified spirit of wine, we have a solution of pure theine, which, after distilling off the spirit, furnishes crystals fit for immediate use. In conclusion, I will merely mention a distinctive test for theine, sufficiently delicate to detect the one-thou-

sandth of a grain of that substance. Dissolve the theine in a small quantity of water, and pass through this a stream of eu-chlorine, then allow the fluid to evaporate at a steam heat; a blood-colored substance will remain, which, on the application of a few drops of cold water, forms a beautiful scarlet solution like red ink. It is, I apprehend, almost unnecessary for me to say that eu-chlorine gas is formed by the action of hydrochloric acid upon the chlorate of potash.

I ought, perhaps, to add that theine, collected as a waste product from coffee, and purified by myself, has cost me less than threepence per ounce tray.—*Medical Times and Gazette.*

WHY CIRCLES PLEASE THE EYE.—Professor Müller, in a course of lectures in Berlin, offered a simple and mechanical explanation of the universal admiration bestowed on these curves. The eye is moved in its socket by six muscles, of which four are respectively employed to raise, depress, turn to the right, and to the left. The other two have an action contrary to one another, and roll the eye on its axis, or from the outside downward, and inside upward. When an object is presented for inspection, the first act is that of circum-vision, or going round the boundary lines, so as to bring consecutively every individual portion of the circumference upon the most delicate and sensitive portion of the retina. Now, if figures bounded by straight lines be presented for inspection, it is obvious that but two of these muscles can be called into action; and it is equally evident that in curves of a circle or ellipse all must alternately be brought into action. The effect then is, that if two only be employed, as in rectilinear figures, those two have an undue share of labor; and by repeating the experiment frequently, as we do in childhood, the notion of tedium is instilled, and we form gradually a distaste for straight lines, and are led to prefer those curves which supply a more general and equable share of work to the muscles.—*Boston Journal of Chemistry.*

THE *Gaz. Farm. Ital.* advocates the addition of chloral hydrate to cod-liver oil; it renders it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. It is prepared as follows: Ten grains pure chloral hydrate crystals with 190 grains cod-liver oil, digested in a sandbath with gentle heat. Dose, six tablespoonfuls daily.—*Med. Times and Gazette.*

Medical Miscellany.

HUMORS OF VACCINATION.—M. R. Ellis, a surgeon, has invented a new method of vaccinating, and has written to the *London Times* that it never fails. He first of all makes one or two little vesicles with cantharides, and the next day applies the virus to the surface thus denuded of cuticle. A Mr. John Smith, M.R.C.S., in a letter to the *Medical Times and Gazette*, shows that this new method cannot be universally adopted, simply because the occupations of the poor prevent their frequent attendance upon dispensaries. It is extremely difficult to get them to come twice for the vaccination and inspection; and the necessity for an additional visit to be devoted to the preliminary vesication would still further increase this difficulty. "Would that Mr. Ellis," Mr. S. says, "had to look up an Irish 'widdy,' who, when upbraided with not coming on the eighth day, replied that she would not give up a day's 'choring' and let her children's bellies go empty for all the doctors this side of h—, a place which Pope's soft Dean would not mention to ears polite."

We find, also, the following, extracted from the Annual Report of the Trustees of the National Portrait Gallery, in the *Medical Times and Gazette*:—

"Dr. Jenner, although placed very high and in an unfavorable light, did not escape frequent observation. A woman, pointing to it, said to her girls, 'There's the one that's making such a lot of children suffer now from vaccination.'"—*Phil. Medical Times*.

HOMOEOPATHIC CONVERSIONS.—Dr. Payne, in the *Monthly Homoeopathic Review*, says:—

"We ask, then, not only the question, what dose will cure (*perhaps in many cases a high dilutive dose will cure if time be allowed*), but we ask what dose will cure most quickly . . . the nearer we get to the physiological power of the drug, so we get the quickest curative power. . . . Determine the smallest quantity which will produce the physiological effect, then the dose, just short of that, is the most efficient curative dose. . . . Loyalty in homoeopathy consists not in high dilutionism."—*Medical Press and Circular*.

CINCHONA IN INDIA.—If the Indian government have been successful in the cultivation of cinchona bark, they have not been equally happy in their mode of dealing with the product of their plantations. The substance issued by the superintendents of the Darjeeling plantations, for distribution to the hospitals as the product of the bark, seems to have been of a bright green. As this is not the usual color of quinine or any of the alkaloids of bark, it led to inquiry. The superintendent explained that he had not attempted to isolate the various active principles—quinine, cinchonine, quinidine, &c.—but wished them to employ this extract *en masse*. But when this mixture of alkaloids was analyzed, a very unsatisfactory explanation was afforded of its surpassing greenness. It was found to contain 20 per cent.

of the poisonous carbonate of copper. If it had actually been used in ordinary doses for the patients, poisonous effects could not have failed to follow. The operators had shown considerable skill in bringing into solution the copper of the vessels which they had employed. On investigation it appeared that the delicate operations involved in the manufacture of the alkaloids had been entrusted "to a European gardener assisted by Booteah coolies!"—*Boston Journal of Chemistry*.

CORRECTION.—On the first page of this week's issue, to the name of O. C. DeWolf add M.D.

PAMPHLETS RECEIVED.—Rules and Regulations of the Cincinnati Industrial Exposition for 1871. Pp. 26.—Report of the Same for 1870. Pp. 400.—Theraki and their Last Dose. Letters of Pitts Hugh Ludlow and others, to Dr. Samuel B. Collins, relating to the most wonderful Medical Discovery of the Age. Chicago, Ill. Pp. 109.—Syphilitic Epilepsy. By Reuben A. Vance, M.D., Bellevue Hospital, New York. Pp. 15.—Charitans and Empirics, or Dentistry as a Learned Profession. By A. P. Stevens, D.D.S., of Portsmouth, N. H. Read before the Merrimac Valley Dental Society. Pp. 30.—The Physiological Action and Therapeutic Use of Chlorel. By J. B. Andrews, M.D., Assistant Physician New York State Lunatic Asylum. Pp. 24.—Artificial Induction of Labor in Uremia. By Samuel C. Busey, M.D., Washington, D. C. Pp. 62.

Deaths in nineteen Cities and Towns of Massachusetts for the week ending July 29, 1871.

Cities and Towns, each place.	No. of deaths in sum- tum.	PREVALENT DISEASES.			
		Cholera Infan- tum.	Con- sump- tion.	Dysentery and Diarrhea.	Scarlet Fever.
Boston . . . 147	58	25	10	0	0
Charlestown 20	6	3	3	0	0
Worcester . 25	4	3	1	0	0
Lowell . . . 31	0	3	1	0	0
Milford . . . 8	2	5	0	0	0
Chelsea . . . 12	3	2	1	0	0
Cambridge . 36	12	2	1	0	0
Salem . . . 9	2	1	2	0	0
Lawrence . 12	4	2	0	0	0
Springfield . 3	1	0	0	0	0
Lynn . . . 21	5	5	2	0	0
Gloucester . 8	0	1	3	0	0
Fitchburg . . 3	1	0	0	0	0
Taunton . . . 2	0	0	0	0	0
Newburyport 5	0	2	0	0	0
Somerville . 12	4	2	0	0	0
Fall River . 18	4	2	1	0	0
Haverhill . . 2	1	0	0	0	0
Holyoke . . . 3	0	0	1	0	0
	377	107	58	26	0

Ten deaths occurred from smallpox; nine in Lowell and one in Holyoke.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, July 29th, 147. Males, 80; females, 67. Accident, 1—apoplexy, 3—cholera, 1—bronchitis, 1—disease of the brain, 1—colic, 1—cancer, 3—cholera infantum, 58—cholera morbus, 2—consumption, 25—croup, 2—debility, 2—diarrhea, 6—dropsy, 1—dropsy of brain, 5—dysentery, 4—scarlet fever, 1—typhoid fever, 3—disease of the heart, 3—intemperance, 1—disease of the kidneys, 3—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 1—marasmus, 1—old age, 2—peritonitis, 1—puerperal diseases, 2—pyæmia, 1—teething, 2—whooping cough, 1—unknown, 1.

Under 5 years of age, 85—between 5 and 20 years, 5—between 20 and 40 years, 27—between 40 and 60 years, 15—above 60 years, 15. Born in the United States, 118—Ireland, 18—other places, 11.